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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/930,836	
	Filing Date	August 15, 2001	
	First Named Inventor	Paul C. Kocher	
	Group Art Unit Number	2132	
	Examiner Name	Not Yet Known	
Total Number of Pages in This Submission	4	Attorney Docket Number	24162-08724

ENCLOSURES (check all that apply)	
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REMARKS:

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SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Jeffrey Brill, Reg. No. 51,198	Dated: 6/2/04

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Jeffrey Brill	Dated: 6/2/04
Express Mail Mailing Number (optional):		



REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/930,836
Filing Date	August 15, 2001
First Named Inventor	Paul C. Kocher
Group Art Unit	2132
Examiner Name	Not Yet Known
Attorney Docket Number	24162-08724

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to, and has requested, termination of the employment.

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- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Edward J. Radlo Sonnenschein Nath & Rosenthal LLP				
Address	685 Market Street, 6 th Floor				
Address					
City	San Francisco	State	CA	Zip	94105
Country	USA				
Telephone	(415) 882-2402	Fax	(415) 543-5472		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☐ the attorneys/agents associated with Customer Number _____
- on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Jeffrey Brill	Req. # 51, 198
Signature		
Date	6/2/04	

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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24162/08724/DOCS/1439011.1
05/27/04